|  |  |   |                 |   |                  | Application or Docket Number |                      |                        |    |                            |  |  |
|--|--|---|-----------------|---|------------------|------------------------------|----------------------|------------------------|----|----------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective November 10, 1998   |  |   |                 |   |                  |                              | 09291936             |                        |    |                            |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |   |                  |                              | SMALL ENTITY TYPE OR |                        |    | OTHER THAN<br>SMALL ENTITY |  |  |
| FOR  |  | NUMB                                      | ER FILED        | NUMBER 8                                    | EXTRA            | RAT                          | Έ                    | FEE                    |    | RATE                       | FEE  |  |
| BASIC FEE  |  |   |                 |   |                  |                              |                      | 380.00                 | OR |                            | 760.00   |  |
| TOTAL CLAIMS   |  | 1   | minus 2         | 20= *                                       |                  | X\$                          | 9=                   |                        | OR | X\$18=                     |  |  |
| IND  | EPENDENT CL                                    | AIMS                                      | # minus 3 = * / |   |                  | X39                          | )=                   |                        | OR | X78=                       | 18/  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT          | <b>\</b>                                    |                  | +13                          |                      |                        |    | +260=                      |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                 |   |                  |                              |                      |                        | OR | TOTAL                      | 820  |  |
|  |  |   |                 |   |                  | тот                          | AL                   |                        | OR | OTHER                      | R3X  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |   |                  | SMA                          | LL                   | ENTITY                 | OR | SMALL                      |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT                          | Œ                    | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | . 18                                      | Minus           | · 20  | = ]              | X\$ 9                        | 9=                   |                        | OR | X\$18=                     | <  |  |
|  | Independent                                    | . 4                                       | Minus           | <b>***</b> 9                                | = /              | X39                          | ) <del>-</del>       |                        | OR | X78=                       |  |  |
| ٧  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF     | PENDENT CLAIM                               |                  | +13                          | <br>0=               |                        | OR | +260=                      |  |  |
|  | _  |   |                 |   |                  |                              | TAL                  |                        |    | TOTAL                      |  |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                 |   |                  |                              | FEE                  | L                      | On | ADDIT. FEE                 | -  |  |
|  |  | (Column 1)<br>CLAIMS                      | [               | HIGHEST                                     | (COMMIN 3)       |                              |                      | ADDI-                  |    |                            | ADDI-  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RAT                          | E                    | TIONAL<br>FEE          |    | RATE                       | TIONAL<br>FEE                                    |  |
|  | Total  | . 18                                      | Minus           | - 20  | =                | X\$ :                        | 9=                   |                        | OR | X\$18=                     |  |  |
|  | Independent                                    | • 9                                       | Minus           | AND SAIDENTICI AINE                         | =                | X39                          | }=                   |                        | OR | X78=                       |  |  |
| F  | FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM  |   |                 |   |                  | +13                          | Q=                   |                        | OR | +260=                      |  |  |
|  |  |   |                 | 17251                                       | WY               | ADDIT.                       | TAL<br>FEE           |                        | OR | TOTAL<br>ADDIT, FEE        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |   |                  |                              |                      |                        |    |                            | . =  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT                          | E.                   | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
| Ş  | Total  | . 12                                      | Minus           | ** 20                                       | 0                | X\$ 9                        | )=                   |                        | OR | X\$18=                     |  |  |
| NE NE  | Independent                                    | . 5                                       | Minus           | see H                                       | = /              | X39                          | )=                   |                        | OR | X78=                       | 8800   |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                  |                              |                      |                        |    |                            | <del>                                     </del> |  |
| 9 If the cotor is solven 1 in loca than the outer is solven 2 write 10° in column 2  |  |   |                 |   |                  |                              | )=                   |                        | OR | +260=                      |  |  |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |   |                  |                              |                      |                        |    |                            |  |  |